



PERSONNEL ACTIONS						
Person ID (8)		PERNR (8)		Start Date (Effective Date) (mm/dd/yyyy)		Action ID (2) <i>See Job Aid</i>
Last Name		First Name		Middle Name		
IT0006 – Work Address						
Department Name						
Address Line 1						
Address Line 2						
City			County (2)	State (2)	Zip (5)	
Work Telephone Number			Extension	Work Fax		
Work Mobile			Work Other			Extension
IT0007 – Create Planned Working Time (Work Schedule)						
IT0014 – Recurring Payments / Deductions (Pay Differentials)						
IT0015 – Additional Payments (One-Time Payments, i.e., Retention Pay)						
IT0712 – Main Assignment			IT9007 – Probation Period Review Dates			
<input type="checkbox"/> Main Assignment – Only if concurrent employment			First Date (mm/dd/yyyy)		Second Date (mm/dd/yyyy)	
			Third Date (mm/dd/yyyy)			
			Probation Status (1)		Probation Months (i.e., 6, 9, 12)	
					Probation End Date (mm/dd/yyyy)	
Authorized Signature						
<small>Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.</small>						
Authorized Name (Print)				Title		
Authorized Name Signature				Telephone	Extension	Date
Form Submitted By						
Contact Name (Print)				Date		
Telephone	Extension	Fax	Email			

**Check appropriate box if ANY of the following forms are attached.**

- |  |  |
|--|--|
| <input type="checkbox"/> Std 680A PAR / Personnel Action Request         | <input type="checkbox"/> Std 700 Vision State Plan |
| <input type="checkbox"/> Std 686 EAR / Employee Action Request           | <input type="checkbox"/> CalHR 682 Pretax Parking  |
| <input type="checkbox"/> Std 692 Dental Authorization Enrollment Form    | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> MCP 014 Direct Deposit Enrollment Authorization |  |

Once in MyCalPAYS, Always in MyCalPAYS		
Once In MyCalPAYS Specialist - Name (Print)	Once In MyCalPAYS Specialist - Name (Signature)	Date